



South Carolina Department of Labor, Licensing and Regulation  
**South Carolina Building Codes Council**  
110 Centerview Dr • Columbia • SC • 29210  
P.O. Box 11329 • Columbia • SC • 29211-1329  
Phone: 803-896-4688 • contact.bcc@llr.sc.gov • Fax: 803-896-4814  
llr.sc.gov/bcc

## MODULAR BUILDING MANUFACTURER APPLICATION FOR LICENSE

### Include with your application:

- Payment in the form of a check or money order (no cash) in the amount of **\$600** (\$500 license fee for 1-24 boxes, \$100 plan maintenance fee) **or** **\$1600** (\$1500 license fee for 25 or more boxes, \$100 plan maintenance fee). Make checks payable to the SC Building Codes Council. (All fees are non-refundable. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.)
- QC Manual to be submitted through Third Party Inspection Agency
- A surety bond in the amount of \$75,000 per year in the manufacturer's name, made in favor of the S.C. Building Codes Council; OR be named on a \$1,000,000 product liability insurance policy in the manufacturer's name.

FOR OFFICE USE ONLY	
License Fee Received	
Plan Maintenance Fee Received	
Bond / Cert. of Insurance	
Processed by	
QC Manual by BCT	
SC License No.	

Federal ID No.: \_\_\_\_\_

### MANUFACTURER FACILITY IDENTIFICATION

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_  
Street City State Zip

Facility Location: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Facility Manager: \_\_\_\_\_

Manufacturer's Representative: \_\_\_\_\_

Email: \_\_\_\_\_

### ORGANIZATION

State of Incorporation: \_\_\_\_\_ Type of Entity: ☐ Proprietorship ☐ Partnership ☐ Corporation

Please complete the information below with the names and addresses of all officers or partners, their individual percentage of interest in the business, and all other individuals with a financial interest of five (5) percent or more. Use a separate sheet of paper if necessary.

Name of Officer or Partner	Address	Individual % of Interest

State the business history of each owner, partner, or corporation office for the past seven (7) years. Use a separate sheet of paper if necessary.

Name	Business History

**THIRD PARTY INSPECTION AGENCY**

Agency Name: \_\_\_\_\_ SC License No.: \_\_\_\_\_

**SIGNATURES**

Facility Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

Application Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_